

**1630 - ADMINISTRATIVE STANDARDS**

EFFECTIVE DATES: 10/01/07, 02/01/09, 01/01/11, 05/01/12, 03/01/13, 01/01/16, 10/01/17

REVISION DATES: 10/01/04, 10/01/2007, 02/01/09, 01/01/11, 05/01/12, 03/01/13, 01/01/16, 07/25/17

**I. PURPOSE**

This Policy applies to ALTCS/EPD, DES/DDD; Fee-For-Service (FFS), Tribal ALTCS as delineated within this Policy. Where this Policy references Contractor requirements the provisions apply to ALTCS E/PD, DES/DDD and Tribal ALTCS unless otherwise specified. This Policy establishes administrative responsibilities related to case management of members in Arizona Long Term Care System (ALTCS).

**II. DEFINITIONS**

<b>NOTICE OF ADVERSE BENEFIT DETERMINATION (NOA)</b>	The written notice to the affected member regarding an Adverse Benefit Determination (otherwise known as Notice of Action) by the Contractor.
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**III. POLICY****A. CASE MANAGER QUALIFICATIONS**

Contractors shall ensure a staff of qualified and experienced individuals to provide case management services to members. Individuals hired as case managers must be one of the following:

1. A Social Worker (SW),
2. A licensed Registered Nurse (RN), or
3. An individual with case management experience serving persons who are elderly and/or persons with physical or developmental disabilities, and/or persons determined to have a Serious Mental Illness (SMI).
  - a. For case managers who will serve persons who are elderly and/or persons with physical or developmental disabilities, the requirement is two years of case management experience serving these populations,
  - b. Effective October 1, 2019, for case managers who will serve persons who are elderly and/or persons with physical or developmental disabilities and have been determined to have an SMI, the requirement is:
    - i. One year of case management experience serving persons with physical or developmental disabilities, and

- ii. Two years of case management experience serving persons determined to have an SMI.

**B. CASE MANAGEMENT PROCEDURES/TECHNICAL**

Contractors shall maintain case management procedures that are reflective of AHCCCS policy, as defined in Chapter 1600.

Contractors may develop their own standardized forms and tools for recording information regarding members' needs and services. However, all Contractors must utilize the standardized forms found in Chapter 1600, including, but not limited to the following:

- Exhibit 1620-3, Uniform Assessment Tool and Guidelines,
- Exhibit 1620-13, ALTCS Member Service Plan,
- Exhibit 1620-14, ALTCS Member Contingency/Back-Up Plan, and
- Exhibit 1620-17, Home and Community Based Service (HCBS) Member Needs Assessment

Contractors shall establish a mechanism to ensure that Client Assessment Tracking System (CATS) data is entered accurately and within established timeframes (10 business days of the date the action took place).

**C. TRAINING**

Case managers must be provided with sufficient orientation and ongoing training on subjects relevant to the population served by the Contractor. Documentation of training dates and staff attendance as well as copies of materials used must be maintained.

1. Contractors must ensure that there is a structure in place to provide uniform training to all case managers. This plan should include formal training classes as well as mentoring-type opportunities for newly hired case managers.
2. Newly hired case managers must be provided orientation and training in a minimum of the following areas:
  - a. An overview of the AHCCCS/ALTCS program,
  - b. The role of the case manager in utilizing a member-centered approach to ALTCS case management, including maximizing the role of the member/guardian/designated representative in decision-making and service planning,
  - c. The principle of most integrated, least restrictive settings for member placement,
  - d. Member rights and responsibilities,
  - e. The federal regulations for the Security and Privacy of Protected Health Information found at 45 CFR Part 164 (HIPAA) and for the Confidentiality of Substance Use Disorder Patient Records found at 42 CFR Part 2.

- f. Case management responsibilities, including, but not limited to service planning, contingency plans, reporting service gaps and NOA,
  - g. Case management procedures specific to the Contractor,
  - h. The continuum of ALTCS services, including available service delivery options, placement settings and service restrictions/limitations,
  - i. The Contractor provider network by location, service type and capacity, including information about community resources for non-ALTCS covered services,
  - j. Information on local resources for housing, education and employment services/ programs that could help members gain greater self-sufficiency in the areas,
  - k. Responsibilities related to monitoring for and process for reporting of quality of care concerns, including, but not limited to, suspected abuse, neglect and/or exploitation,
  - l. Responsibilities related to monitoring for and reporting of fraud, waste and abuse,
  - m. General medical information, such as symptoms, medications and treatments for diagnostic categories common to the ALTCS population served by the Contractor,
  - n. General social service information, such as family dynamics, care contracting, dealing with difficult people, risk management,
  - o. Behavioral health information, including identification of member's behavioral health needs, covered behavioral health services and how to access those services within the Contractor's network and the requirements for initial and quarterly behavioral health consultations,
  - p. Case Management responsibilities including processes for making referrals for SMI Determinations and standards related to the provision of services for members determined to have an SMI,
  - q. End of life person centered planning, services and supports including covered services and how to access those services within the Contractor's network,
  - r. Housing and employment services,
  - s. Pre-Admission Screening and Resident Review (PASRR) process,
  - t. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards for members under the age of 21, and
  - u. ALTCS management information system, CATS which maintains member-specific data such as Cost Effectiveness Studies, Placement/Residence codes, behavioral health codes, review dates and, for Tribal Contractors, service authorizations. The level of orientation to CATS shall be dependent on the level of direct usage by the Contractor case managers.
3. In addition to orientation and training requirements listed above, all case managers shall be provided with regular ongoing training on topics relevant to the population(s) served. The following are examples of topics that could be covered:
- a. Policy updates and new procedures,
  - b. Refresher training for areas found deficient through the Contractor's internal monitoring process,
  - c. Interviewing skills,
  - d. Assessment/observation skills,
  - e. Cultural competency,

- f. Member rights,
  - g. Physical /behavioral health conditions,
  - h. Innovations in health care delivery and research,
  - i. Medications – side effects, contraindications and poly-pharmacy issues, and
  - j. End of life care.
- 4. Training may also be provided by external sources, for example:
  - a. Consumer advocacy groups,
  - b. Providers (physical or behavioral health), and
  - c. Accredited training agencies.
- 5. The Contractor shall ensure that a staff person(s) is designated as the expert(s) on housing, education and employment issues and resources within the Contractor's service area. In general, these individuals must be available to assist case managers with up-to-date information designed to aid members in making informed decisions about their independent living options.
- 6. The following only apply to DDD and the E/PD Contractors:
  - a. The staff designated as the housing expert is responsible for identifying housing resources and building relationships with housing providers and public housing authorities for the purposes of developing innovative practices to expand housing options, assisting Case Managers in making appropriate referrals for members in need of housing and tracking referrals and outcomes. The Contractor shall identify members with housing needs and develop a monitoring process to support transition or post-transition activities including, but not limited to, transition wait times, transition barriers, monthly income amounts, housing options chosen, and counties chosen for transition.
  - b. The staff designated as the employment expert must receive training from the Work Incentive Information Network ([www.wiinaz.org](http://www.wiinaz.org)). The staff is also responsible for educating Case Managers on how to incorporate the Arizona Disability Benefits 101 ([www.az.db101.org](http://www.az.db101.org)) resource tool into personal goal development planning discussions with members, developing and implementing strategies to educate members on the resource tool and report member employment outcomes to the WIIN.

#### **D. CASELOAD MANAGEMENT**

Adequate numbers of qualified and trained case managers must be provided to meet the needs of members.

Contractors must have written protocols to ensure newly enrolled ALTCS members are assigned to a case manager immediately upon enrollment.

#### **MEMBERS WHO ARE ELDERLY AND/OR HAVE PHYSICAL DISABILITIES (E/PD)**

The following formula represents the maximum number of members allowable per E/PD case manager, each case manager's caseload must not exceed a weighted value of 96:

1. For members in an institutional setting, a weighted value of **1.0** is assigned. Case managers may have up to 96 members ( $96 \times 1.0 = 96$ ).
2. For members in an HCBS (own home) setting, a weighted value of **2.2** is assigned. Case managers may have up to 43 members ( $43 \times 2.2 = 96$  or less).
3. For members in an Alternative HCBS setting, a weighted value of **1.8** is assigned. Case managers may have up to 53 members ( $53 \times 1.8 = 96$  or less).
4. For members in Acute Care Only (ACO) status, a weighted value of **1.0** is assigned. Case managers may have up to 96 members ( $96 \times 1.0 = 96$ ).
5. If a mixed caseload is assigned, there can be no more than a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

(# of members in an institutional setting x 1.0)

+

(# of members in an HCBS (own home) setting x 2.2)

+

(# of members in an Alternative HCBS setting x 1.8)

+

(# of members in Acute Care Only (ACO) status x 1.0)

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= 96 or less

In addition, effective October 1, 2019, the following formula represents the maximum number of members allowable per E/PD case manager serving members determined to have an SMI. Each case manager's caseload must not exceed a weighted value of 96:

1. For members in an institutional setting determined to have an SMI, a weighted value of **1.4** is assigned. Case managers may have up to **68** members with an SMI determination ( $68 \times 1.4 = 96$  or less).

2. For members in an HCBS (own home) setting determined to have an SMI, a weighted value of **3.0** is assigned. Case managers may have up to **32** members with an SMI determination ( $32 \times 3.0 = 96$ ).
3. For members in an Alternative HCBS setting determined to have an SMI, a weighted value of **1.9** is assigned. Case managers may have up to **50** members with an SMI determination ( $50 \times 1.9 = 96$  or less).
4. For members in Acute Care Only (ACO) status determined to have an SMI, a weighted value of **1.0** is assigned. Case managers may have up to 96 ACO members with an SMI determination ( $96 \times 1.0 = 96$ ).
5. If a mixed caseload is assigned, there can be no more than a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

$$\begin{aligned}
 &(\# \text{ of members in an institutional setting} \times 1.0) \\
 &+ \\
 &(\# \text{ of members determined to have an SMI who are in an institutional setting} \times \\
 &1.4) \\
 &+ \\
 &(\# \text{ of members in an HCBS (own home) setting} \times 2.2) \\
 &+ \\
 &(\# \text{ of members determined to have an SMI who are in an HCBS (own home) \\
 &setting} \times 3.0) \\
 &+ \\
 &(\# \text{ of members in an Alternative HCBS setting} \times 1.8) \\
 &+ \\
 &(\# \text{ of members determined to have an SMI who are in an Alternative HCBS \\
 &setting} \times 1.9) \\
 &+ \\
 &(\# \text{ of members in Acute Care Only (ACO) status} \times 1.0) \\
 &+
 \end{aligned}$$

(# of members determined to have an SMI who are in Acute Care Only (ACO)  
status x 1.0)

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= 96 or less

6. A DDD case manager's caseload must not exceed a per District average ratio of 1:40 members, regardless of setting.

**Caseload Exceptions** – Contractors must receive authorization from AHCCCS/Division of Health Care Management prior to implementing caseloads whose values exceed those outlined above. Lower caseload sizes may be established at the discretion of the Contractor and do not require authorization.

The Contractor's annual Case Management Plan must describe how caseloads will be determined and monitored.

#### **E. ACCESSIBILITY**

Member/guardian/designate representative must be provided adequate information in order to be able to contact the case manager or Contractor office for assistance, including what to do in cases of emergencies and/or after hours.

A system of back-up case managers must be in place and members who contact an office when their primary case manager is unavailable must be given the opportunity to be referred to a back-up for assistance.

There must be a mechanism to ensure members/guardian/designated representative and providers are called back in a timely manner when messages are left for case managers.

#### **F. TIME MANAGEMENT**

Contractors must ensure that case managers are not assigned duties unrelated to member-specific case management for more than 10 % of their time if they carry a full caseload.

#### **G. CONFLICT OF INTEREST**

Contractors must ensure that case managers are not:

1. Related by blood or marriage to a member, or any paid caregiver of a member, on their caseload.
2. Financially responsible for a member on their caseload.

3. Empowered to make financial or health-related decisions on behalf of a member on their caseload.
4. In a position to financially benefit from the provision of services to a member on their caseload.
5. Providers of ALTCS services for any member on their caseload.
6. Individuals who have an interest in, or are employed by, a provider of ALTCS services for any member on their caseload.

Exceptions to the above may be made under limited circumstances with prior approval from AHCCCS. A limited circumstance may include a geographic area where it is unavoidable to have a case manager who may also have a provider interest.

#### **H. SUPERVISION**

A supervisor to case manager ratio must be established that is conducive to a sound support structure for case managers. A process must be established for reviewing and monitoring supervisor staffing assignments and/or the need for reassignments in order to adhere to the Contractor's defined supervisor to case manager ratio. Supervisors must have adequate time to train and review the work of newly hired case managers as well as provide support and guidance to established case managers.

A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of member assessments and service authorizations must be established and applied, at a minimum, on a quarterly basis.

Results from this monitoring including the development and implementation of continuous improvement strategies to address identified deficiencies must be documented and made available to AHCCCS upon request.

#### **I. INTER-DEPARTMENTAL COORDINATION**

Contractors shall establish and implement mechanisms to promote coordination and communication across disciplines and departments within their own organization, with particular emphasis on ensuring coordinated approaches with the Chief Medical Officer (CMO), as appropriate, Medical Management (MM) and Quality Management (QM). For example, there should be coordination of information between Case Management, MM and QM regarding poly-pharmacy issues to ensure measures are taken to effectively address this issue.

Contractors shall ensure that the Chief Medical Officer is available as a resource to case management and that the CMO is advised of medical management issues as needed.



Tribal ALTCS Contractors shall utilize the AHCCCS Division of Fee-for-Service Management Medical Director as a resource for medical management issues as needed

#### **J. REPORTING REQUIREMENTS**

A Case Management Plan must be submitted annually to AHCCCS by all Contractors, as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables. Tribal Contractors are not required to submit a plan. The Case Management Plan must address how the Contractor will implement and monitor the case management and administrative standards outlined in AMPM Chapter 1600, including specialized caseloads.

An evaluation of the Contractor's Case Management Plan from the previous year must also be included in each Case Management Plan, highlighting lessons learned and strategies for improvement.

Contractors must submit the Case Management (CM) Plan Checklist with the annual Case Management Plan. The CM Plan Checklist must contain page numbers that indicate where the specific requirements can be found in the CM Plan narrative. The CM Plan Checklist must be included in order for the Annual Plan to be accepted. Refer to Exhibit 1630-02, Case Management Plan Checklist.

#### **IV. OTHER GENERAL INFORMATION**

Exhibit 1630-02, Case Management Plan Checklist  
Exhibit 1620-3, Uniform Assessment Tool and Guidelines,  
Exhibit 1620-13, ALTCS Member Service Plan,  
Exhibit 1620-14, ALTCS Member Contingency/Back-Up Plan, and  
Exhibit 1620-17, Home and Community Based Service (HCBS) Member Needs Assessment

**SEE THE AMPM WEBPAGE FOR EXHIBITS 1630-02, 1620-3, 1620-13, 1620-14, AND 1620-17  
OF THIS POLICY**